Homeland Security

August 28, 2009

RE: Solicitation No. HSHQDC-09-R-00079S

The following questions were received on or before the deadline for submission of questions on August 26, 2009, 12:00 PM, Eastern Time. The questions are stated verbatim as they were submitted. Responses to the questions received by the date/time specified in the solicitation are provided herein. Questions received after that date/time as stated in the solicitation, will not be addressed.

The responses to the below questions does not in any way amend or change the solicitation. If any changes are made to the solicitation, an amendment will be issued. Amendment No. 000001 was issued on August 27, 2009, posted at www.fbo.gov. Prospective offerors are responsible for reading the solicitation and following the instructions governing the submission of proposal in response to this solicitation.

1. The solicitation is 100% set aside for a Small Business. Does this preclude consideration of a bid consisting of a Small Business Prime Contractor teamed with a Large Business acting as a Subcontractor?

   Response: Offerors may team or subcontractor with any organization of their choosing. However, the predominance of the work must be performed by a small business firm. Reference FAR Clause 52.219-14, Limitations on Subcontracting.

2. Please provide information regarding these sizing parameters:

   a) Total number of sites using the system
   b) Total number of End Users and estimated Concurrent End Users
   c) Total number of patient encounters documented annually

   Response: a: 7 field sites; b: Approximately 3,000 to upwards of 4,000; c: approximately 100 patient encounters annually

3. Please clarify all clinical roles among the End User population (ie, nurse, physician, physician assistant, technician, etc)

   Response: Emergency Medical Service personnel (EMTs & Paramedics); Nurse; Physician.

4.   Paragraph 3.0.13 requires "at least 7 field offices" to be trained. How will the contractor be compensated for additional training (ie, Sites 8, 9, 10, etc)?

      Response: There should be no requirement for additional training. The task states that training by the contractor will be provided during the rollout phase to include "Train the Trainer" so that additional training requirements if needed are done internally.

5.   The Support CLIN is designated FFP. Are the other CLINs also FFP? If not, then how are the Travel and ODC CLINs defined? Not-to-exceed? Actual Cost incurred?

      Response: The CLIN structure is clearly outlined in Section B. The FFP CLINs are clearly identified; the CLIN for ODCs and the CLIN for Travel are clearly identified in Section B. as well. Section VI, page 27 provides clear pricing instructions.

6.   How will out-of-scope services be provided in the event that DHS determines a need for additional assistance?

      Response: No out of scope requirements are anticipated. The requirement as stated in the RFP is what prospective offerors must base their proposals on. Out of scope suggestions are speculative and are not a part of this requirement.

7.   Where are the field offices located, if not all in the Washington DC area? Which 7 field offices will be trained and where are these located? This would be important in determining how to staff this contract and also in estimating travel costs and related logistics.

      Response: Domestic and International locations and border areas.

8.   Please identify the EKG, cardiac monitors and defibrillators that you require the system to be interfaced with. Please furnish quantities by manufacturer, make and model. Also, please clarify the interface standards that these devices utilize for external communications.

      Response: The COTS software will have the capability to interface and integrate with commercial products such as Medtronic (Physio-Control LIFEPAK-12), Zoll, Phillips

9.   The SOW specifically calls for "… all technical services and support to ensure implementation and continuous operation of an ePCR system…". The implication is that this would include the ePCR system (and DHS hasn't already selected one) with complete system deployment and implementation along with technical support provided in CLIN0001 (Base Year FFP Support). Likewise, CLIN1001, CLIN2001, CLIN3001, CLIN4001 would provide software maintenance and technical support for subsequent years. Please confirm that my understanding of this RFP is correct.

      Response: Yes, this is correct. This is a COTS software product that is being purchased and per the SOW encompasses all technical services and support to ensure implementation and continuous operation of an ePCR system and vendor hosted.

10.   Do any of the 6 DHS Component Agencies with EMS functions currently use an ePCR product? If so, which one and for how long have they used it?

      Response: No

11. Have any ePCR product demonstrations been performed for these agencies... and if so, which products have been demonstrated?

   Response: COTS software ePCR products demonstrated have been ESO Solutions Pro ePCR Suite, RescueNet ePCR and EMS Field Bridge

12. How many mobile units (laptops with wireless network interface) will be using the ePCR software in the 6 DHS Component Agencies with EMS functions?

   Response: This number could potentially be well into the 100s.

13. How many workstations (PC's with wired network interface) will be using the ePCR software in the 6 DHS Component Agencies with EMS functions?

   Response: This number could potentially be well into the 1000s.

14. Would you prefer a vendor hosted solution? Or do you intend to host they system on your severs?

   Response: As outlined in Sections 3.0.1/3.0.2/3.0.3 this will be a vendor-hosted solution.

15. Would you desire a capital purchase or a Software as a Service (SaaS) pricing model?

   Response: This is a SaaS pricing model and the requirement is for the procurement of a COTS software system that provides a full web-based and mobile off-line application with a vendor hosted server.

16. What run volume do you expect per year to be handled by the system?

   Response: Approximately 100 trip reports annually.

17. Are you interested in handheld and mobile computer technology for the field data collection?

   Response: This requirement is for COTS software purchase only that provides a full web-based and mobile off-line application and runs on any computer with internet connectivity.

18. Under Section 5.1 Electronic Patient Care Reporting System (ePCR) System Implementation: 5.1.1 Required Capabilities and 5.1.1.1 Database Requirements – were these items intentionally left blank?

   Response: Format related only. The specifics are outlined under database requirements.